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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/082,171 05/20/1998 PAT 6,289,974  
 which is a CIP of 08/893,833 07/11/1997 PAT 6,257,317

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 05/31/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY WI	SHEETS DRAWING 17	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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TITLE  
 Integrated heat recovery ventilator HEPA filter using a HEPA filter material regenerative heat exchanger

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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